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**Department of Health**

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**Agency: 303**

**Audit Report:** 2003 Statewide Accountability Report

**Finding Number:** 03-14

**Finding:** The Department of Health has not established adequate internal controls to ensure that only appropriate refunds are processed.

**Resolution/Status:** Procedures have been modified to ensure that adequate documentation is submitted with the requests for refunds. This documentation includes the signature of the requestor, the signature of at least the next level of supervisor, and supporting documents appropriate for the particular type of refund. These documents become part of the agency's accounting records and, therefore, are retained in accordance with state records retention laws. New procedures were put in place in March 2004. The procedures were refined to require only appropriate supporting documentation to be retained so as to avoid retaining unnecessary material. Refinements were completed June 30, 2004.

**Agency Contact:** Burney Huff  
Manager of Accounting and Grants Services  
Department of Health  
PO Box 47901  
Olympia, WA 98504-7901  
(360) 236-4506  
[burney.huff@doh.wa.gov](mailto:burney.huff@doh.wa.gov)

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**Department of Health**

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**Agency: 303**

**Audit Report:** 2003 Statewide Accountability Report

**Finding Number:** The Department of Health did not comply with state law regarding yearly surveys of hospitals.

**Finding:** 03-48

**Resolution/Status:** The Department concurs with the finding. The Department looked carefully at whether the public's interest would be adequately served if a legislative change were to be requested changing the frequency of the surveys of hospitals. Request legislation is awaiting legislative action in the 2005 legislature.

While the Department is awaiting legislative approval on the frequency of the surveys, in September 2004, the program developed and implemented a survey design process modification to make it more focused and less resource consumptive. The new survey design implementation is a pilot effort, which will be evaluated for effectiveness as well as efficiency before full scale implementation. Potentially, a "focused survey" would require between 25% and 75% of the staff time required by the current full survey process. The expected savings will not be fully realized until a full survey cycle has been completed. This change can be accomplished without legislation and such a change could be incorporated into the mandate to address the regulatory burden on hospitals, as required by RCW 71.41.

**Agency Contact:** Gary Bennett, Director  
Facilities and Services  
Department of Health  
PO Box 47852  
Olympia, WA 98504-7852  
(360) 236-2902  
[gary.bennett@doh.wa.gov](mailto:gary.bennett@doh.wa.gov)

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**Department of Health**

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**Agency: 303**

**Audit Report:** 2003 Statewide Accountability Report

**Finding Number:** 03-55

**Finding:** The Department of Health does not adequately monitor its subrecipients for the Breast and Cervical Cancer Program.

**Resolution/Status:** A financial monitoring site visit schedule has been implemented. This series of visits was initiated in August 2004 with visits scheduled through the end of the calendar year. The schedule for 2005 is being drafted. Also, the Washington Breast Cancer Health Program (WBCHP) has created a financial monitoring checklist to be used during these visits. Additionally, the WBCHP has agreed to participate in the Consolidated Contracts Multi Program Monitoring program. This program makes use of a contracted CPA to perform the fiscal monitoring visits at the local health jurisdictions.

All community-based subrecipients must submit monthly electronic documentation for clinical costs. All local health jurisdiction subrecipients must submit monthly electronic documentation for clinical costs. Both community-based and local health jurisdictions will have financial documentation reviewed, on site periodically, in conjunction with other department programs, and through the Multi Program Monitoring program.

**Agency Contact:** Pama Joyner, Program Manager  
Breast and Cervical Health Program  
Community Wellness and Prevention  
Department of Health  
PO Box 47859  
Olympia, WA 98504-7859  
(360) 236-3589  
[pama.joyner@doh.wa.gov](mailto:pama.joyner@doh.wa.gov)